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CONSIDERATION OF NATIONAL DRUG CONTROL PLANS

National drug control plans: progress and prospects

Report of the Executive Director

Summary

As requested by the Commission on Narcotic Drugs, provision of advice and assistance to Governments in the formulation of national drug control plans continues to be a priority for UNDCP. In promoting the master-plan concept, UNDCP stresses the national character of such plans and fosters country ownership by encouraging participation of all national entities with a stake in drug control and by strengthening coordination between institutions involved in drug control. UNDCP cooperation ranges from the provision of specialized advice to full-fledged technical assistance. The master-plan approach has proven useful in defining common strategies and goals, in promoting a common understanding of the drug issue, and in fostering cooperation at the national and international levels.

During 1995, 23 master-plan exercises were completed by national authorities and 16 more were initiated. Twelve master plans are being considered for the future. Of the 39 master plans initiated or completed during 1995, UNDCP assisted 28 countries in the exercise.

As requested by the Commission on Narcotic Drugs at its thirty-eighth session, the present report sets out options for the Commission to consider in reviewing master plans as part of its efforts to monitor the implementation of the Global Programme of Action.

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INTRODUCTION

1. The promotion of national drug control plans (also referred to as master plans) has been a long-standing priority of the United Nations International Drug Control Programme (UNDCP). Recognition of the importance of promoting the development of such plans can be traced back to the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control adopted by the International Conference on Drug Abuse and Illicit Trafficking.[1] National drug control plans are also considered of value as an additional means of monitoring implementation of the Global Programme of Action adopted by the General Assembly at its seventeenth special session,[2] on 23 February 1990.

2. At its thirty-eighth session, the Commission on Narcotic Drugs decided to include an item on national drug control plans in the agenda for the thirty-ninth session and requested the Executive Director to "submit a report to that session containing information on the status of such plans, along with specific options as to how the Commission might in future consider the matter in more depth".[3] The present report has been prepared in response to that request.

I. THE CONCEPT OF NATIONAL DRUG CONTROL PLANS

3. Faced with the growing threat and multifaceted problem of drug abuse, Governments have come to realize the urgent need to develop and implement a comprehensive set of responses, coordinated to achieve the maximum impact and relying on the active involvement of all government agencies and numerous bodies and institutions, including in the private sector, that play a role in drug control. For such an undertaking to achieve success, it needs to be embodied in a clearly defined strategy document, referred to as a master plan by UNDCP.* A master plan is the single document adopted by a Government outlining all national concerns in drug control. It is a tool designed to assess the extent and nature of the drug abuse problem, to set out a coordinated approach to its solution, and to identify consistent and comprehensive national drug control objectives.

4. In recognition of the national character of master plans, UNDCP has refrained from defining a detailed blueprint. Rather, it issued in 1994 a booklet entitled "Format and guidelines for the preparation of national Drug Control Master Plans", as a practical guide setting out the basic principles to be followed in the formulation of master plans for drug control and underlining some essential parameters that should be in place for the success of the exercise. A number of Governments also include in the master plan aspects relating to abuse of substances such as alcohol and tobacco.

II. MODALITIES OF ASSISTANCE TO GOVERNMENTS IN DESIGNING, FORMULATING AND IMPLEMENTING NATIONAL DRUG CONTROL PLANS

5. UNDCP has emphasized that government commitment is an essential prerequisite for a master plan. In line with the concept of national ownership, Governments are the driving element in the planning exercise, assuming technical and managerial responsibility to the maximum possible extent.

6. At one end of the spectrum are countries with limited capabilities, where national commitment is not matched by adequate resources. In such cases, wherever the seriousness of the drug abuse problem justifies

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*The term "master plan" is used throughout this report for the sake of convenience. However, other expressions such as drug control programme or national plan for drug control are equally appropriate. The choice of the preferred term is determined by individual Governments.

it, UNDCP has provided assistance in the form of a master-plan project for the delivery of technical advice, training and, in selected cases, limited management support and equipment.

7. In cases where national capabilities were deemed basically sufficient, UNDCP has provided mainly short-term technical expertise, with national institutions ensuring overall management of the exercise, deployment and coordination of resources and finalization of the proposal for submission to the authorities responsible for approval. In such cases, it has been sufficient for UNDCP to provide only initial support, often in the form of a workshop to design or enhance awareness of the master plan. Such a workshop served as a catalyst to draw the attention of the various institutional players to their role and responsibilities.

8. Finally, in cases where institutional development and overall resources were entirely adequate, UNDCP has provided information and guidelines upon request, or has responded to a request to review and comment on final drafts of master-plan documents.

III. STATUS OF NATIONAL DRUG CONTROL PLANS

A. Overview

9. The present chapter reviews the progress made during 1995 in the various countries which engaged in master-plan exercises, either on their own initiative or with varying degrees of UNDCP encouragement. Since master plans are of equal relevance for developed and developing countries alike, the analysis takes into account the situation in both country groupings. While efforts have been made to ensure that the information presented is comprehensive, it must be recalled that not all countries formulating national drug control plans with their own resources keep UNDCP informed of their action.

10. Countries with ongoing master plans under implementation have not been separately identified, and attention is drawn to previous reports of the Commission on the subject.

11. During 1995, 23 master-plan exercises were completed and 16 were initiated. National authorities in 12 additional countries are considering initiating master plans in the future. UNDCP has provided assistance in respect of 28 out of the total of 39 master plans initiated or completed during 1995. Five countries have sought support from UNDCP in the form of full-fledged master-plan projects, while for 23 others the provision of limited UNDCP assistance in the form of technical expertise has proven sufficient. This underscores the general applicability of the master-plan concept to most situations, as well as the fact that UNDCP support, while essential is some cases, need not be the norm.

B. Africa

12. Algeria developed a draft outline for a national plan in 1994. Further progress, including possible UNDCP assistance in the process of elaboration, is awaited. Egypt has drafted a master-plan document, approval of which is still pending. Morocco is currently considering elaboration of a programme of action.

13. Burkina Faso is awaiting government approval of a draft master plan produced with assistance provided through a UNDCP project, while Côte d'Ivoire is finalizing a plan that has been developed using exclusively national capabilities. In Ghana and Nigeria, activities for the preparation of master plans have been started under a UNDCP project, while Senegal has started the process without requesting UNDCP support.

14. In the first half of 1995, Namibia completed the formulation of a programme for the prevention and combating of substance abuse and illicit drug trafficking, to which UNDCP provided limited technical advisory support. The plan also covers alcohol abuse, which has been identified by the authorities as one of the major types of substance abuse in the country.

15. Zambia has approved a project for the formulation of a master plan to be supported jointly by UNDCP and the United Nations Development Programme (UNDP). This is the first instance of a master-plan project with financing from an international agency other than UNDCP, a clear indication of the growing interest of the donor community in comprehensive drug control measures.

C. America and the Caribbean

16. Canada is currently implementing the second phase of its drug strategy covering the period from 1993 to 1997. Mexico has completed action on its master plan up to the year 1994, and is currently developing a new one without requesting external inputs. The United States has a national drug control strategy which underwent revision in 1995.

17. Costa Rica has developed a draft plan, yet to be finalized, and for which UNDCP support may be requested. Nicaragua developed its plan with assistance from UNDCP, while Panama, which has a yearly drug control plan at the operational level, has yet to decide whether it wishes to undertake a more comprehensive planning exercise.

18. Out of a total of 29 countries and territories in the Caribbean, 15 already have a master plan in draft or final form, while seven have just started the process of elaboration. The 15 countries or territories with master plans in place are Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Cayman Islands, Grenada, Jamaica, Montserrat, Suriname, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago and Turks and Caicos Islands. The seven countries or territories where master plans are being implemented are British Virgin Islands, Cuba, Dominica, Dominican Republic, Guyana, Netherlands Antilles and Saint Kitts and Nevis. For the other countries and territories, the formulation of a master plan is not envisaged at present. The UNDCP regional office in Barbados has been promoting the master-plan concept and assisting countries in the region in preparing comprehensive drafts by providing an initial outline for discussion with local authorities. One international staff member in the regional office is responsible for master-plan support and follow-up.

19. In 1995, Brazil elaborated drug control programmes for regions of the country that faced particularly serious drug problems, as well as a plan for law enforcement at the national level. Aggregation of regional plans into a comprehensive national drug control plan has not taken place yet. Paraguay, with assistance from a UNDCP consultant, developed a national drug control plan in the course of 1995, with emphasis on demand reduction and suppression of drug trafficking. Venezuela relied exclusively on its own capabilities in developing a plan which was approved in August 1995.

D. Asia and the Pacific

20. In June 1995, Israel, Jordan and the Palestinian Authority participated, together with Egypt, in a subregional workshop at which the master-plan concept was presented.

21. In India and Sri Lanka, plans have been drafted, but are still awaiting official approval. In both countries, pending approval of the overall strategy, selected priority aspects are taken up for implementation on their individual merit. Pakistan completed a comprehensive master-plan exercise supported by a UNDCP project. The draft was reviewed at provincial level before submission to the national Government for approval.

22. Kyrgyzstan and Uzbekistan were introduced to the UNDCP master-plan concept through a workshop, and both countries started, without UNDCP support, to develop three-year plans for implementation beginning in 1996. Viet Nam completed a master-plan draft to which UNDCP provided project assistance; approval of the document is awaited. Both Australia and Japan have national drug control master plans which are currently being implemented.

E. Europe

23. In April 1995, Czech Republic, Hungary, Poland, Slovakia and Slovenia participated in a workshop to introduce the master-plan concept, which is now under consideration in those countries. The Czech Republic already has a drug control strategy, though not a full-fledged master plan.

24. France, Germany, Malta, Russian Federation, Spain and United Kingdom of Great Britain and Northern Ireland are all implementing drug control plans. The European Union has developed an action plan against drugs covering the period from 1995 to 1999.

IV. FUTURE PROSPECTS FOR NATIONAL, SUBREGIONAL AND REGIONAL DRUG CONTROL PLANS

A. Overview

25. An increasing number of countries are showing interest in the master-plan concept and seeking assistance or advice to undertake such an exercise. This is particularly the case for countries in transition in central and eastern Europe, which are demonstrating deep concern at the spreading problem of drug abuse. Work on the plans is facilitated by the fact that new legislative frameworks are still being developed, and by the social and economic changes under way in those countries.

26. UNDCP intends to continue to promote the master-plan concept, and will pursue three specific lines of action. The first line of action will involve countries in which there is already a significant drug abuse problem, or where signs of an emerging problem have been detected. In those countries, UNDCP will continue to encourage formulation of a master plan, and will be prepared to consider the provision of assistance.

27. The second line of action will relate to countries that have already undertaken the formulation of a master plan. In cases where the plans have been formally approved, implementation would be encouraged, taking into account, if necessary, the possibility of providing assistance in the process. Such cooperation would essentially take the form of advice and assistance to the country in question to monitor progress and to identify changes that may be required as a result of changing circumstances, rather than in the form of direct technical assistance projects. In cases where internal lack of resources and capabilities would impair the implementation of the master plan, UNDCP would consider assistance in donor mobilization and, where warranted, provision of selective project support. UNDCP would also encourage Governments to establish their own monitoring mechanisms to follow implementation of the master plan, to update authorities on progress and to recommend adjustments where required.

28. Finally, as a third line of action, UNDCP would encourage, wherever appropriate, the extension of the master-plan concept through a subregional approach. In such cases, subregional master plans would represent the coalescing at the subregional level of shared problems and approaches, due care being taken to recognize national differences and special areas of interest of individual countries.

B. Africa

29. Follow-up activities of UNDCP for the Africa region in 1996 will emphasize the approval of master-plan proposals finalized during 1995 and their subsequent implementation, together with implementation of those previously adopted.

30. A master-plan exercise in South Africa may be considered during 1996. A master-plan component has been included in an institution-building project to assist the United Republic of Tanzania in developing its

drug control structures and defining its priorities. The master plan for Zambia will be implemented during 1996.

C. America and the Caribbean

31. During 1996, activities in Latin America will cover the biennial updating of the drug control plan of Chile for 1997 and 1998, for which no UNDCP assistance is being requested, as well as the implementation of other approved and ongoing plans. In the Caribbean, efforts will concentrate on finalizing plans in the seven countries and territories where they are currently being prepared.

D. Asia and the Pacific

32. Activities of UNDCP for 1996 in the Asia and the Pacific region cover implementation of ongoing or recently approved plans and their updating. This would apply in particular to the plans of Bangladesh, Lao People's Democratic Republic, Nepal and Thailand, all currently being implemented but, almost midway through the process, requiring a comprehensive review of progress and, possibly, realignment to take into account emerging priorities.

33. Among countries expected to launch a master-plan exercise in 1996 are Indonesia, where limited advisory support is foreseen, and Malaysia, where a plan already exists for the period from 1993 to 1997, although interest in a revision has been expressed, and modalities of execution are still to be defined. The Islamic Republic of Iran has also expressed interest in knowing more about the master-plan approach, and may decide to undertake such an exercise in the future.

34. In western Asia, a workshop is foreseen in early 1996 for Jordan and Lebanon, as a result of which a decision may be taken on whether to proceed to formulate national master plans.

E. Europe

35. During 1996, the countries that participated in the master-plan familiarization workshop held in Eastern Europe in 1995, namely Czech Republic, Hungary, Poland, Slovakia and Slovenia, may decide to initiate the formulation of master plans. The former Yugoslav Republic of Macedonia has requested UNDCP advice in the formulation of a drug control plan designed to complement parallel plans for the suppression of corruption, the control of money-laundering and the prevention of crime, in particular organized crime. Estonia, Latvia and Lithuania have also requested UNDCP to introduce them to the master-plan concept, which they might consider adopting in future.

V. OPTIONS AVAILABLE TO THE COMMISSION ON NARCOTIC DRUGS FOR CONSIDERATION OF NATIONAL DRUG CONTROL PLANS

A. Proposed options

36. Many Governments of both developed and developing countries have prepared national drug control plans which represent a valuable source of knowledge and experience for Governments planning to start a similar exercise. Existing national drug control plans can be used to compare strategies and provide a basis for the coordination of efforts at subregional, regional and global levels.

37. In that connection, it may be noted that the Commission bears explicit responsibility for monitoring the efforts of Governments to implement the Global Programme of Action, as reflected in Economic and Social Council resolution 1991/38 of 21 June 1991. As national drug control plans represent a consolidated statement of the actions that individual Governments are taking or envisage taking, they can be used as a means of monitoring what is being done in furtherance of the Global Programme of Action. Indeed, the ad

hoc intergovernmental advisory group created as a result of Commission resolution 3 (XXXVII) of 21 April 1994 to advise on implementation of General Assembly resolution 48/12 of 28 October 1993 took up the question of monitoring the Global Programme of Action, and recommended that States should be encouraged to submit their national drug control plans for consideration either by the Commission itself or by a working group established for that purpose.

38. The Commission may therefore wish to establish a mechanism for sharing information on national master plans. The Commission at its thirty-eighth session requested the Executive Director of UNDCP to propose specific options as to how it might do so. To that end, two options are presented. The first option would consist in considering master plans during sessions of the Commission, in either the plenary or the Committee of the Whole. Under that option, the Commission would examine several master plans from different regions submitted by Governments on a voluntary basis. Each plan would be introduced by a representative of the Government concerned, who should be from the drug control coordinating body or from another such institution bearing responsibility for the implementation of the plan. A question-and-answer session would follow, allowing members of the Commission to seek further information and make observations on the plan. Consideration of each plan would conclude with closing remarks by the representative of the Government submitting the plan. The proceedings would be summarized in the report of the Commission.

39. A second option could consist in establishing a small expert committee that would be charged specifically with the task involved. The expert committee would be composed of drug control specialists who would serve in a personal and technical capacity. Geographical considerations would be taken into account in selecting members. A total of 10 members would permit the inclusion of two experts from each of the five regional groups. Each of the regional groups could submit three candidates for each post to be filled. Appointments would be made by the Chairman of the Commission after consultation with the relevant regional groups. The members of the committee would be appointed for a specific period of time, following, for example, the four-year cycle of the Commission.

40. At least one master plan per region should be examined at each session. Modalities for selection of master plans to be considered by the expert committee would be the same as for review in plenary. The expert committee would review the plans in the light of the expert knowledge of its members. Their findings would be summarized in the report of the expert committee to the Commission.

41. Master plans to be reviewed by the expert committee would be circulated to the experts in advance of their meetings. A working session of four or five working days would follow, allowing the committee to consider six to eight plans per year.

42. The expert committee would report to the Commission. To ensure the timely circulation of its report, the committee would meet about three months prior to the session of the Commission. The report would contain a summary of the elements of each master plan considered, highlighting those points which have a bearing on other countries. It would reflect the main observations made by the experts in the course of the deliberations, as well as the answers by the submitting Governments.

43. Consideration of plans in any appropriate international forum could foster the exchange of experience and up-to-date information. Governments wishing to do so could also report back to the subsequent sessions of the body concerned on any amendments or additions to the plan made as a consequence of its review.

B. Financial implications

44. The proposal to review master plans in plenary bears no financial implications. On the other hand, an expert committee would require approximately US$ 200,000 yearly for the annual meeting of 10 experts at Vienna and secretariat support.

VI. GUIDANCE REQUESTED FROM THE COMMISSION ON NARCOTIC DRUGS

45. The Commission is asked to advise on the proposals contained in paragraphs 38 to 43 above, in particular on the option of considering master plans in plenary or through an expert committee.

Notes

[1]See *Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987* (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

[2]See resolution S-17/2, annex.

[3]*Official Records of the Economic and Social Council, 1995, Supplement No. 9* (E/1995/29), chap. IX, para. 180.